

Slade Veterinary Hospital Planned Breeding Information

Please complete this form prior to your visit. Tab to move from field to field.

You must use Adobe Reader to fill out this form. You can download Adobe Reader from:

<https://get.adobe.com/reader/> Email the completed form to reception@sladevet.com

BITCH INFORMATION:

- Bitch Call Name: _____ Bitch Owner(s): _____
- Address: _____
- Telephone: _____ Cell: _____ E-mail: _____
- Where you referred to us?
- If Yes, Referring/Regular Veterinarian: _____
- Telephone: _____ Fax: _____
- **Will you be performing part of the ovulation timing elsewhere?**
(If Yes do they use Idexx laboratory?)

MEDICAL HISTORY:

- Previous Medical Problems: _____
- Current Diet, Medications & Supplements (including Heartworm & Flea/Tick preventatives):

- Recent Snap 4DX Heartworm & Tick screen testing date & Result: _____
- Recent Blood-work? **Date:** _____
(Please note: CBC & Blood Chemistry are required for any procedure involving sedation/anesthesia, i.e. surgical insemination, for the safety of your bitch)

Are you planning to board your bitch at Slade Veterinary Hospital, Inc. during breeding?

Vaccination History (current vaccination certificates required for boarding) **Proof of Rabies vaccination & Brucellosis test required for all procedures**

- Rabies vaccination **Date given:** _____ **Duration (1 yr/ 3yr)**
- Distemper, Adenovirus-2, Parvovirus (DA2P) **Date given:** _____ **Duration (1 yr/ 3yr)**
- Parainfluenza virus **Date given:** _____ • Bordetella **Date given:** _____ • Influenza **Date given:** _____

REPRODUCTIVE HISTORY:

- Previous Breedings? Please list and include dates of matings performed (including type of semen used such as natural mating/fresh collect/ship-chilled/frozen), ovulation timing performed (if any), and if the breeding was successful including # of puppies and any problems with labor & delivery (whelping) – continue at bottom of form if necessary.

CURRENT BREEDING PLAN:

- Day first in season **Date:** _____ **Plan for whelping:**
- Brucella canis test **Date:** _____ (Please bring a copy of certificate of negative test within past 90 days)
- **Type of Breeding:**
- Type of semen being used:
- **# of Breedings/Inseminations available/planned:** _____

STUD DOG INFORMATION:

- Stud Dog Name: _____ Stud Dog Owner: _____ **Brucellosis test Date:** _____
- Address: _____
- Telephone: _____ Cell: _____ E-mail: _____

Stud Dog's collecting veterinarian: _____
Address: _____
Telephone: _____ Fax: _____ E-mail: _____

- **Back Up Plan?** **Multiple Sire Breeding?**
- If Yes, Stud Dog #2 Name: _____ Stud Dog #2 Owner: _____ Brucellosis test date: _____
- Address: _____
- Telephone: _____ Cell: _____ E-mail: _____

For bitches with multiple owners, please list the primary contact person authorized to make all breeding related decisions, understanding that this is the ONLY person who will be contacted by our staff in an effort to streamline all decisions and avoid any miscommunications.

Primary Contact Name: _____ **Main phone#:** _____ **Alternate#:** _____

I authorize Slade Veterinary Hospital, Inc. to release reproductive information of the above described dog, including breeding/ovulation timing results, to the stud dog owner and stud dog owner's veterinarian as listed above:

I UNDERSTAND THAT WITH ANY BREEDING PROCEDURE, THERE IS NO GUARANTEE OF CONCEPTION

Bitch Owner's signature: _____ Date: _____

Additional Information: